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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

USA District of Oregon
Portland Division

Case No.

3:23-cv-01014-IM

(to be filled in by the Clerk's Office)

Margaret WISKI

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jans and Joes Doe, Clatsop Cty Jail
Dolson, Tracy (Nurse), Watson, PHS

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

All other names by which
you have been known:

ID Number

Current Institution

Address

Margaret K. WISKI

Lois K. Griffin

23863273

Coffee Creek Corrections

2499 SW Grahams Ferry Rd

Wilsonville

OR

97070

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (*if known*)

Shield Number

Employer

Address

Sgt. Dotson

Sargent

N/A

Astoria Oregon Sheriff Office

Clatsop County

Astoria

OR

97103

City

State

Zip Code

☒ Individual capacity☒ Official capacity**Defendant No. 2**

Name

Job or Title (*if known*)

Shield Number

Employer

Address

First Name: Tracy

Nurse

N/A

Clatsop County Jail

Astoria

OR

97103

City

State

Zip Code

☒ Individual capacity☒ Official capacity

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

Defendant No. 3

Name

Last Name: Watson

Job or Title (if known)

Deputy

Shield Number

N/A

Employer

Astoria OR Sheriff's office

Address

Clatsop County

Astoria

City

OR

State

97103

Zip Code



Individual capacity



Official capacity

Defendant No. 4

Name

Last Name: Pitts

Job or Title (if known)

Sargent

Shield Number

N/A

Employer

Astoria OR Sheriff's office

Address

Clatsop County

Astoria

City

OR

State

97103

Zip Code



Individual capacity



Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

My Due Process Clause My religious pursuant FRIPA
My 4th Amendment 14th Amendment and deliberate
indifference to medical needs.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

See Attachment #1**III. Prisoner Status**

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Astoria
Clatsop County Oregon Jail

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

C. What date and approximate time did the events giving rise to your claim(s) occur?

November 19th 2021

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See Attachment #1

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

See Attachment #1

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

2 million Dollars against each Defendant and
Mental help for my son.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Clatsop County Oregon Jail

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

My 4th amendment Rights With Nurse Tracy

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

N/A

- E. If you did file a grievance:

1. Where did you file the grievance?

Clatsop County Oregon Jail

2. What did you claim in your grievance?

Miss treatment and neglect from Nurse Tracy

3. What was the result, if any?

A apology from Nurse Tracy

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I did not appeal do to fear of getting punished and treated worse and not getting treatment I needed.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

Grievances were timely filed

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I am not suing for a prison condition under PLRA

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*
- _____

3. Docket or index number
- _____

4. Name of Judge assigned to your case
- _____

5. Approximate date of filing lawsuit
- _____

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*
- _____

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

NO

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.


Date of signing: 7-5-23

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address


Margaret Wisker
73863273
2499 SW Grahams Ferry Rd.
Wilsonville OR 97070
City State Zip Code

B. For AttorneysDate of signing: N/A

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

①

I was pregnant and told by my OBGYN "In Astoria Oregon" that I was to have my baby naturally on/or by November 25th 2021. But I was arrested on Assault Charges on March 29 2021 and lodged at the Clatsop County Oregon Jail. Sgt. Pitts came to me in my cell absent of my attorney stating I had to choose A.) Have the babe be born premucher and Risk the babies life OR B.) agree to have my babie induce and put me into labor. Thus to facilitate and accomidate the needs of the jail. Thus they told me around August 2021. I did not understand and did not have much time to give much thought. Time to time Sgt. Pitts would come to my Cell to ask to choice to induce or premucher dilivary to where I felt hurst. She (Sgt. Pitts) would get upset and mad when I did not have a ansewer. She make me promissise for medical and Mental help if I agreed to do induce or premucher. She promised I would get before and after Medical and Mental help.

On November 19th 2021 I was transported to the hospital where I was put in

a bed at the hospital and induct into labor. During the labor there was complications because the baby did not want to come out and the Doctor had to vacuum my baby out. My baby came out with a big bump / Cone head do to the vacuum.

I was sent back to the jail 12 hours after giving birth with my breast pump. Once I get to the jail I was in a lot of pain and bleeding heavily and was Stript and Surches. They made me Squat and Choff while bleeding out in pain and tairing my Stiches. I was then put in Segaragation isolation with no phone or natrue light. I was all by my self and felt punished for just giving birth. I was in Segaragation for 7 full day with Ziroe / no time out to ~~wake~~ walk or breath freash air.

When It came time to breastpump I was put on a time Schegul to accomidate the jail and if / miss the Scheguled time I was not able to breastpump and I was in lot of pain and it

②

reduced the amount I could have gave to my baby. While enduring all of this and what was happening I felt suicidal, depressed, detached, and did not feel like seeing my child or letting him hear my voice. I felt destroyed and inbarrest and beat down. I felt I could not go on with life. The jail did not need to induce me to acomidate there needs and make it to where my babe needed to be vacuumed out. This was a disidion made by the jail and not me. The jail took my baby out early with out my consent to avoid emergancy labor.

All Jane and Joe Doe Sheriff deputy at the Clatsop County jail and the medical staff violated my 4th amenelement, my due process, religious belief and my 14th amend/ment of united states Constitution while dressed in color of state law by Subjecting me to cruel and unusual punishment and wanton deliberate indifference to my medical needs While I was a pre trial detainee the jail had no RIGHT to induce my child birth only to avoid on unforseen emergency on my natral due date.

When I was transportee to the hospital to be induced to delivery I was in no pain

nor in any bleeding I was in distress. I was supposed to give birth on or after November 25th 2021. But the jail decided to take my baby out on November 19, 2021.

The named defendants actions caused me and my baby unnecessary pain and anguish. Only God decides when my child wants to come out and the jail is not God.

actions - AIC Mail

23863273
HAMS Ferry Rd
on ZIP 97070

NEOPOST

07/07/2023

US POSTAGE \$002.22⁹



ZIP 97070
041M11468323

United States District Court
District of Oregon Court House
740 United States Court House
1000 SW Third Ave
Portland OR 97204-2902